UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

		Application No.	Applicant(s)
Office Action Summary		09/892,184	MAUS ET AL.
		Examiner	Art Unit
		Russell S. Glass	3626

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>27 March 2007</u>.

2a)☒ This action is **FINAL**.   2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>21-40</u> is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>21-40</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☒ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .

5)☐ Notice of Informal Patent Application

6)☐ Other: _____.

DETAILED ACTION

Claim Rejections - 35 USC § 112

The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

1.   Claims 21-40 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. In particular, the rejected claims contain one or both of the following limitations: "determine/determining approved medical procedures based on medical insurance coverage information for the person" and "approve the person for admission". These limitations, as claimed, require actual decision-making and reasoning to be conducted by the computer processor of the medical data handling system. The portions of the specification cited by applicant, page 12, line 24-page 13, line 7, page 15, lines 8-22, and the remainder of the specification do not provide support for these newly added limitations. Instead the specification discloses that either the insurance company computer or a person makes the decisions regarding approved medical procedures and admission. The specification only supports a system for the handling of such decision data, not the making of the decisions themselves.

2.   Claims 21-40 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the enablement requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention. In particular, the rejected claims contain one or both of the following limitations: "determine/determining approved medical procedures based on medical insurance coverage information for the person" and "approve the person for admission". These limitations, as claimed, require actual decision-making and reasoning to be conducted by the computer processor of the medical data handling system. The portions of the specification cited by applicant, page 12, line 24-page 13, line 7, page 15, lines 8-22, and the remainder of the specification do not provide enablement for these newly added limitations. Instead the specification discloses that either the insurance company computer or a person makes the decisions regarding approved medical procedures and admission. The specification only enables a system for the handling of such decision data, not the making of the decisions themselves.

Analysis of the following factors with regard to the non-enablement of Applicant's disclosure is further provided as required by *In re Wands*, 858 F.2d 731, 737, 8 USPQ2d 1400, 1404 (Fed. Cir. 1988):

(A)   The breadth of the claims rejected encompasses a system and method for handling medical information, including determining approved medical procedures based on medical insurance coverage information for the person and approving the person for admission.

(B)   The nature of the invention requires determining approved medical procedures based on medical insurance coverage information for the person and approving the person for admission.

(C)   The state of the prior art is such that a high degree of unpredictability exists with regard to determining approved medical procedures based on medical insurance coverage information for the person and approving the person for admission.

(D)   The level of one of ordinary skill is such that it would require undue experimentation to determine approved medical procedures based on medical insurance coverage information for the person and approve the person for admission;

(E)   The level of predictability in the art is such that a high degree of unpredictability exists with regard to determining approved medical procedures based on medical insurance coverage information for the person and approving the person for admission.

(F)   The amount of direction provided by the inventor is not sufficient to discover how to determine approved medical procedures based on medical insurance coverage information for the person and approve the person for admission;

(G)   The existence of working examples provided is not sufficient to discover how to determine approved medical procedures based on medical insurance coverage information for the person and approve the person for admission;

(H)   The quantity of experimentation needed to make or use the invention based on the content of the disclosure is considered to be undue because the disclosure provides no guidance as to how to determine approved medical procedures

based on medical insurance coverage information for the person and approve the

person for admission.

Claim Rejections - 35 USC § 103

1.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

2.   Claims 21-31, 33-34, 36-38, and 40 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Holzman (Thomas G. Holzman, Computer-Human Interface

Solutions for Emergency Medical Care, Interactions..., May and June 1999, pages 13-

24) in view of Ziejewski (6,726,623) and Experton (5,995,965).

(A) As per claim 21, Holzman discloses an emergency medical information system (Fig.

2 on page 17) comprising:

(a) credit-card sized plastic cards with a memory chip that are read and written to

by smart card readers, wherein the cards store patient's medical records including the

mechanism of injury, primary assessment results, signs or symptoms, secondary

assessment results, Glascow Coma Scale assessment results, diagnosis, treatment

administered, triage priority, evacuation priority, patient profile (age, gender, weight,

height, allergies, etc.) (page 17: Fig. 2, page 18: col. 1 par. 4, col. 2 par. 1, page 19: col.

1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1, page 22 : col. 1 par. 1 (see smart card

reader));

(b) a Field Medic Associate (FMA) mobile computer that enables documentation

of care to begin at the point of initial contact with the patient and a Field Medic

Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is

attached to the FMC computer, displaying clinical or medical logistics information, vital

sign information, and secondary assessment information, and transmitting or

communicating patient information to a receiving hospital, and EEDS Regional

Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18:

col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22:

col. 1 par. 1-3, col. 2 par. 1-3) (It is noted that the Field Medic Computer has a smart

card reader capable of reading a smart card that is traveling with the patient. From the

Field Medic Computer, a smart card reader can read the smart card and then transmit

the patient data and vital signs from the computer to the emergency department

associate computer or health care facility over satellite, cellular, and military radio

communications (see page 22: col. 1 par. 5, col. 2 par. 1 and Figure 2 on page 17)); and

(c) an emergency department associate workstation computer for receiving

inputs by dynamically monitoring the data inputted to the EEDS and documenting the

patient's records, wherein the patient records containing patient data ahead of the

patient (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1 par. 1, page

21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

Holzman does not expressly disclose preparing a hospital admission report

based on the patient information. However, Holzman does include a patient profile

record, detailed record, a simple record, primary assessment, signs and symptoms,

secondary assessments, diagnosis, and treatment which appears to be the information

that would be put into the hospital admission report and this information is sent ahead of

the patient (page 20: col. 1 par. 1, page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par.

1). It is noted that a hospital admission report (see Applicant's specification on page 4

lines 21-22) is considered to be a report containing background on the patient.

Ziejewski discloses displaying results collected for a patient prior to the patient's

arrival at an emergency room, wherein the results include the patient's name, gender,

height, weight, age, accident type, the probability of brain injury, and a biomechanical

analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7

lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of

ordinary skill in the art to include the features of Holzman within the system of Ziejewski

with the motivation of providing a quick and accurate assessment of various accident

scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52,

col. 3 lines 24-33).

As per the recitation of "medical insurance information" stored on a portable

personal data device, the Examiner respectfully submits that Holzman's disclosure of

patient profile information is a form of "medical insurance information." However, the

Examiner has provides the Experton reference for teaching this. See Fig. 1, col. 3 lines 10-30, col. 5 lines 1-49, col. 9 lines 49-67, col. 11 lines 32-51.

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Experton within the system of Holzman and Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33) and allowing medical personnel to quickly access a potentially large amount of medical data concerning a patient (Experton; col. 2 lines 25-35).

(B) Claims 22, 24, and 31 were addressed above in the rejection of claim 21, and incorporated herein.

(C) As per claim 23, Holzman discloses transmitting image files of the accident, which could include the patient, for inclusion in the results (reads on "report") (Fig. 5-6, col. 6 line 57 to col. 7 line 13, col. 9 lines 44-58). The remaining features of claim 23 were discussed in the rejection of claim 21, and incorporated herein.

(D) As per claim 25, Holzman discloses the FMC computer having data automatically input into it from physiological monitoring equipment while the patient is in the ambulance and the readings being communicated to the emergency department

associate computer and the EEDS (page 17: Fig. 2, col. 2 par. 2, page 22: col. 1 par. 2-3, col. 2 par. 4, page 23: col. 1 par. 1).

(E) As per claim 26, Holzman discloses the FMC computer receiving data input by an EMT attending to a person in an ambulance while the ambulance is in transit to the hospital (page 17: Fig. 2, col. 2 par. 2, page 21: par. 2, Fig. 4, page 22: col. 1 par. 2-3, col. 2 par. 2-4, page 23: col. 1 par. 1). Holzman discloses communicating data to the emergency department associate computer and the EEDS (page 17: Fig. 2, col. 2 par. 2, page 22: col. 1 par. 2-3, col. 2 par. 4, page 23: col. 1 par. 1).

As per the recitation of "including the data in the hospital admissions report," Holzman does not expressly disclose this feature.

Ziejewski discloses collecting data at an accident site, transferring this collected data to a computer, displaying results collected on a computer for a patient prior to the patient's arrival at an emergency room, wherein the results include the patient's name, gender, height, weight, age, accident type, the probability of brain injury, and a biomechanical analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7 lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

(F) As per claim 27, Holzman discloses obtaining data from an EEDS repository by the

emergency department associate computer (page 17: col. 1 par. 1, Fig. 2, col. 2 par. 2,

page 18, col. 1 par. 2). As per the recitation of a hospital report, note the discussion in

claim 21. It is also respectfully submitted that any medical data stored in a medical data

repository is secure because of HIPAA regulations and requirements.

(G) As per claim 28, Holzman discloses a personal data monitor (PDM) for

automatically collecting vital signs which are transmitted to the FMC computer and

identified on the screen (Figure 4), wherein the emergency department associate

computer obtains data from the PDM of the patient, which is included in the patient

record (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 1-3; page 20: col. 1 par. 1,

page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3). As per the

recitation of a hospital report, note the discussion in claim 21.

(H) As per claim 29, Holzman discloses the emergency department associate computer

retrieving information from the EEDS regional repository for a patient (Fig. 2 on page

17). Ziejewski discloses the hospital report. Holzman and Ziejewski do not expressly

disclose including computer identification information within the patient data and then

including this in a report, however it is respectfully submitted that information stored in a

database typically includes an identifier or directory to locate that particular piece of

information in a database, and it would have been obvious to modify the combination of

Holzman and Ziejewski to include this feature with the motivation of allowing a user to

quickly access information in remote databases.

(I) As per claim 30, Holzman discloses the FMC computer including GPS for tracking

the location of emergency personnel, wherein logistics information such as the location

are transmitted or communicated to facilities shown in Figure 2 (Fig. 2 and 4, page 22:

col. 1, par. 1-2). As per the recitation of a hospital admission report, this was discussed

in claim 21. As per the recitation of "estimating the time of arrival of an ambulance at a

hospital," based on the data transmitted (i.e., location and maps of personnel and

incidents) in Holzman, the Examiner respectfully submits that this is well known in the

art of emergency management. For example, when an ambulance is traveling to a

hospital, an estimated time of arrival is given by either the ambulance driver or the

hospital to ensure a hospital is prepared to handle an incoming patient. Applicant

appears to be automating this process through the use of a computer. Merely using a

computer to automate a known process does not by itself impart nonobviousness to the

invention. See *Dann v. Johnston*, 425 U.S. 219, 227-30, 189 USPQ 257, 261 (1976); *In*

re Venner, 262 F.2d 91, 95, 120 USPQ 193, 194 (CCPA 1958).

(J) As per claim 33, Holzman discloses an emergency medical information system (Fig.

2 on page 17) comprising:

      (a) credit-card sized plastic cards with a memory chip that are read and written to

by smart card readers, wherein the cards store patient's medical records including the

mechanism of injury, primary assessment results, signs or symptoms, secondary

assessment results, Glascow Coma Scale assessment results, diagnosis, treatment

administered, triage priority, evacuation priority, patient profile (age, gender, weight,

height, allergies, etc.) (reads on "medical insurance information") (page 17: Fig. 2, page

18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1,

page 22 : col. 1 par. 1 (see smart card reader));

      (b) a Field Medic Associate (FMA) mobile computer that enables documentation

of care to begin at the point of initial contact with the patient and a Field Medic

Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is

attached to the FMA computer, displaying clinical or medical logistics information, vital

sign information, and secondary assessment information, and transmitting or

communicating patient information to a receiving hospital, and EEDS Regional

Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18:

col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22:

col. 1 par. 1-3, col. 2 par. 1-3), a personal data monitor (PDM) for automatically

collecting vital signs which are transmitted to the FMC computer and identified on the

screen (Figure 4), wherein the emergency department associate computer obtains data

from the PDM of the patient, which is included in the patient record (page 17: Fig. 2, col.

2 par. 2, page 18: col. 1 par. 1-3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2,

page 22: col. 1 par. 1-3, 5, col. 2 par. 1-3), an interface for receiving attending data input

by a medical technician attending to the person while the person is in the ambulance

(page 21: Figure 4, page 22: col. 2 par. 2-4) (It is noted that the Field Medic Computer

has a smart card reader capable of reading a smart card that is traveling with the

patient. From the Field Medic Computer, a smart card reader can read the smart card

and then transmit the patient data and vital signs from the computer to the emergency

department associate computer or health care facility over satellite, cellular, and military

radio communications (see page 22: col. 1 par. 5, col. 2 par. 1 and Figure 2 on page

17)); and

      (c) an emergency department associate workstation computer to receiving inputs

by dynamically monitoring the data inputted to the EEDS and documenting the patient's

records, wherein the patient records containing patient data ahead of the patient (page

17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1 par. 1, page 21: Fig. 4,

col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

      Holzman does not expressly disclose preparing a hospital admission report

based on the patient information. However, Holzman does include a patient profile

record, detailed record, a simple record, primary assessment, signs and symptoms,

secondary assessments, diagnosis, and treatment which appears to be the information

that would be put into the hospital admission report and this information is sent ahead of

the patient (page 20: col. 1 par. 1, page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par.

1). It is noted that a hospital admission report (see Applicant's specification on page 4

lines 21-22) is considered to be a report containing background on the patient.

      Ziejewski discloses displaying results collected for a patient prior to the patient's

arrival at an emergency room, wherein the results include the patient's name, gender,

height, weight, age, accident type, the probability of brain injury, and a biomechanical

analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7

lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of

ordinary skill in the art to include the features of Holzman within the system of Ziejewski

with the motivation of providing a quick and accurate assessment of various accident

scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52,

col. 3 lines 24-33).

As per the recitation of "medical insurance information" stored on a portable

personal data device, the Examiner respectfully submits that Holzman's disclosure of

patient profile information is a form of "medical insurance information." However, the

Examiner has provides the Experton reference for teaching this. See Fig. 1, col. 3 lines

10-30, col. 5 lines 1-49, col. 9 lines 49-67, col. 11 lines 32-51.

At the time the invention was made, it would have been obvious to one of

ordinary skill in the art to include the features of Experton within the system of Holzman

and Ziejewski with the motivation of providing a quick and accurate assessment of

various accident scenarios before a patient arrives in the emergency room (Ziejewski;

col. 2 lines 45-52, col. 3 lines 24-33) and allowing medical personnel to quickly access a

potentially large amount of medical data concerning a patient (Experton; col. 2 lines 25-

35).

(K) As per claim 34, Holzman discloses a method for management of emergency

medical information (Fig. 2 on page 17) comprising:

(a) providing credit-card sized plastic cards with a memory chip that are read and written to by smart card readers, wherein the cards store patient's medical records including the mechanism of injury, primary assessment results, signs or symptoms, secondary assessment results, Glascow Coma Scale assessment results, diagnosis, treatment administered, triage priority, evacuation priority, patient profile (age, gender, weight, height, allergies, etc.) (page 17: Fig. 2, page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1, page 22 : col. 1 par. 1 (see smart card reader));

(b) providing the smart card to the patient (page 19: col. 2 par. 2);

(c) obtaining patient medical records from the smart card when the patient requires medical attention (Fig. 2, page 21: col. 2 par. 2, page 22: col. 1 par. 1-2, col. 2 par. 1 "smart card reader")

(d) using a Field Medic Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is attached to the FMC computer for reading a patient's smart card while the patient is in the ambulance, displaying clinical or medical logistics information, vital sign information, and secondary assessment information, and transmitting or communicating patient information to a receiving hospital, and EEDS Regional Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 19: col. 2 par. 2, page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3);

(d) pulling information from the EEDS Regional Repository to the FMC using the patient's smartcard attached to the FMC (Fig. 2, page 22: col. 1 par. 2) and accessing

inputs to the EEDS by the emergency department associate when the patient is being

treated in the field (page 17: col. 2 par. 2; page 18: col. 1 par. 1-2); and

(e) using an emergency department associate workstation computer for

receiving inputs by dynamically monitoring the data inputted to the EEDS and

documenting the patient's records, wherein the patient records containing patient data

ahead of the patient (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1

par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

Holzman does not expressly disclose preparing a hospital admission report

including personal identification information and the medical insurance information.

However, Holzman does include a patient profile record, detailed record, a simple

record, primary assessment, signs and symptoms, secondary assessments, diagnosis,

and treatment which appears to be the information that would be put into the hospital

admission report and this information is sent ahead of the patient (page 20: col. 1 par. 1,

page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par. 1). It is noted that a hospital

admission report (see Applicant's specification on page 4 lines 21-22) is considered to

be a report containing background on the patient.

Ziejewski discloses displaying results collected for a patient prior to the patient's

arrival at an emergency room, wherein the results include the patient's name, gender,

height, weight, age, accident type, the probability of brain injury, and a biomechanical

analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7

lines 8-13) (reads on "hospital admission report"). Ziejewski discloses a printer on

computer system (100), which is used to display the results (col. 5 line 28 to col. 6 line 18). Thus, the computer system is able to print the results in Figures 5-6.

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

As per the recitation of "medical insurance information" stored on a portable personal data device, the Examiner respectfully submits that Holzman's disclosure of patient profile information is a form of "medical insurance information." However, the Examiner has provides the Experton reference for teaching this. See Fig. 1, col. 3 lines 10-30, col. 5 lines 1-49, col. 9 lines 49-67, col. 11 lines 32-51.

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Experton within the system of Holzman and Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33) and allowing medical personnel to quickly access a potentially large amount of medical data concerning a patient (Experton; col. 2 lines 25-35).

(L) As per claim 36, Experton discloses the step of using data read from the smart card to access medical records maintained on a remote facility computer located outside of

the smart card in an ambulance (Abstract; Fig. 1, col. 1 lines 10-35, col. 2 line 37 to col.

3 line 5, col. 3 lines 12-30, col. 8 lines 13-55, col. 12 lines 12-64). The motivation for

combining Experton within Holzman is given above in claim 21, and incorporated

herein.

(M) As per claims 37-38, Holzman discloses receiving medical device readings and

medical treatment information while the patient is in the ambulance (Figure 4, page 22:

col. 2 par. 2-4, page 23: col. 1 par. 1), storing this information in a patient record on a

card with a memory chip (page 19: col. 2 par. 2, page 20: col. 1 par. 1, page 22: col. 2

par. 1), transmitting the information to the emergency department associate computer

(page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21:

Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3). As per the recitation of a

hospital admission report, note the discussion in claim 34.

(N) Claim 40 repeats claim 23, and is therefore rejected for the same reason as claim

23.

3.   Claims 32 and 35 are rejected under 35 U.S.C. 103(a) as being unpatentable

over Holzman (Thomas G. Holzman, Computer-Human Interface Solutions for

Emergency Medical Care, Interactions..., May and June 1999, pages 13-24) and

Ziejewski (6,726,623) and Experton (5,995,965) as applied to claim 21 and 34, and

further in view of Rozen (6,073,106).

(A) As per claims 32 and 35, Holzman discloses a credit-card sized plastic cards with a

memory chip that are read and written to by smart card readers, wherein the cards store

patient's medical records including the mechanism of injury, primary assessment

results, signs or symptoms, secondary assessment results, Glascow Coma Scale

assessment results, diagnosis, treatment administered, triage priority, evacuation

priority, patient profile (age, gender, weight, height, allergies, etc.) (page 17: Fig. 2,

page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1

par. 1) (reads on a first data storage area).

Holzman, Ziejewski, and Experton fail to expressly disclose a second data

storage area comprising secured medical data that is not accessible by the mobile data

management system, where the mobile data management system is configured to

transmit the secured medical data to the medical treatment facility without accessing the

secured medical data, where the medical treatment facility computer is configured to

access the secured medical data stored in the secured data storage.

Rozen discloses a first and second category of personal information, wherein the

two categories have separate pin numbers to access the information (PIN-1, PIN-2)

(reads on "a second data storage area comprising secured medical data that is not

accessible by the mobile data management system"), wherein the information

communicated over the Internet to the doctor is done so without disclosing the

information to the service provider, wherein the doctor accesses the information using

the PIN number over the Internet (col. 5 lines 20-41, col. 11 line 48 to col. 12 line 23).

At the time the invention was made, it would have been obvious to one of

ordinary skill in the art to include the features of Rozen within the system taught

collectively by Holzman, Ziejewski, and Experton with the motivation of quickly

accessing patient records in an emergency (Rozen; col. 1 lines 16-45).

4.   Claim 39 is rejected under 35 U.S.C. 103(a) as being unpatentable over Holzman

(Thomas G. Holzman, Computer-Human Interface Solutions for Emergency Medical

Care, Interactions..., May and June 1999, pages 13-24), Ziejewski (6,726,623), and

Experton (5,995,965) as applied to claim 34, and further in view of Applicant's

admission of prior art.

(A) As per claim 39, Holzman and Ziejewski do not expressly disclose obtaining

medical coverage information and including medical coverage information in the

hospital admission report. However, the Examiner respectfully submits that it is well

known in the healthcare insurance arts that typically when a patient is admitted to the

hospital, the patient is asked for their medical insurance information so that a hospital

can be reimbursed for providing medical services to the patient. This information is

typically included in any admission documents of the hospital. It would have been

obvious to modify Holzman and Ziejewski to include this feature in order to properly

compensate a hospital through a patient's medical insurance.

Response to Arguments

5.   Applicant's general arguments with respect to claims 21-40 have been

considered but are moot in view of the new ground(s) of rejection.

(A) At page 2 of the response filed on 3/27/2007, Applicant argues that the prior art fails

to teach or suggest a "pre-admission" system in which the patient's personal

identification information and medical insurance information are read from a personal

data device and transmitted to the medical treatment facility in advance of the arrival of

the patient at the medical treatment facility to facilitate admission of the patient for the

treatment at the facility. In response, the Examiner respectfully disagrees that the prior

art does not teach this feature. Holzman discloses providing a patient with a smart card

that travels with the patient, where the smart card stores the patient's medical

information (page 19: col. 2 par. 2 and page 20: col. 1 par. 1). The field medical

coordinator is then able to use their computer to read the smart card and transmit

patient information to the medical facility ahead of the patient (Fig. 2; page 21: col. 2

par. 2; page 22: col. 1 par. 1 through col. 2 par. 1). This method of Holzman facilitates

admission of the patient for treatment at the medical facility (page 14: col. 1 par. 2).

Thus, the teachings of Holzman in combination with the teachings of Ziejewski and

Experton as discussed in the rejection of claims 21-40 disclose Applicant's claimed

invention.

(B) As per applicant's argument regarding the use of Official Notice in Claim 39,

Applicant did not timely challenge the assertion in the next reply after the Office action

in which the common knowledge statement was made, (See MPEP 2144.03). Thus, the

Examiner respectfully submits that because there was no timely traversal of Official

Notice, the feature of claim 39 is now assumed to be known in the prior art.

Conclusion

Applicant's amendment necessitated the new ground(s) of rejection presented in

this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP

§ 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37

CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE

MONTHS from the mailing date of this action. In the event a first reply is filed within

TWO MONTHS of the mailing date of this final action and the advisory action is not

mailed until after the end of the THREE-MONTH shortened statutory period, then the

shortened statutory period will expire on the date the advisory action is mailed, and any

extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later

than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Russell S. Glass whose telephone number is 571-272-

3132. The examiner can normally be reached on M-F 8-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

RSG
6/14/2007

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